

PERMIT
FOR DRIVEWAY CONSTRUCTION

DATE: _____

PERMIT NO: _____

APPLICANT: _____ ADDRESS: _____ PHONE: _____

LOCATION OF WORK: _____

TYPE OF WORK: INSTALL NEW DRIVEWAY _____ REPAIR EXISTING DRIVEWAY _____
 INSTALL NEW CULVERT _____ REPAIR EXISTING CULVERT _____

THE PROPERTY WILL BE USED FOR WHAT PURPOSE? PLEASE CHECK ONE OF THE FOLLOWING:

SINGLE FAMILY RESIDENTIAL _____ DUPLEX _____ MULTI-FAMILY DWELLING _____
COMMERCIAL _____ INDUSTRIAL _____

DISTANCE FROM NEAREST INTERSECTION: _____

WIDTH OF DRIVEWAY: _____

NEW DRIVEWAY SURFACE: ASPHALT _____ CONCRETE _____

****NEW CONSTRUCTION PERMITS EXPIRE 180 DAYS FROM THE DATE OF APPROVAL****

EXISTING DRIVEWAY SURFACE: GRAVEL _____ ASPHALT _____ CONCRETE _____

****MAINTENANCE PERMITS EXPIRE 30 DAYS FROM THE DATE OF APPROVAL****

SIZE OF CULVERT: LENGTH _____ DIAMETER _____

NOTE: ALL DRIVEWAY CONSTRUCTION SHALL BE ASPHALTIC OR CONCRETE PAVEMENT AT LEAST FOUR (4") INCHES IN DEPTH. ALL SIDEWALKS DAMAGED BY THE INSTALLATION AND USE OF A DRIVEWAY SHALL BE REPAIRED AT THE EXPENSE OF THE PROPERTY OWNER.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICATION RECEIVED BY: _____ DATE: _____

FINAL INSPECTION COMPLETED BY: _____ DATE: _____

VARIANCE REQUIRED: _____ REASON FOR VARIANCE: _____

PERMIT APPROVED: _____ BY: _____ DATE: _____